Placer County Air Pollution Control District

AUTHORITY TO CONSTRUCT

FOR APCD USE ONLY

]	11464 B Avenue Auburn CA 95603 Phone: (530) 889-7130 Fax: (530) 889-7107		ND PERMIT T ATE APPLICA	_		ate	Permit No. Amt. Pd. Receipt		
NY	1. Company/Owner (Please Print or Type)				2. C	2. Company Contact:			
COMPANY	3. Mailing Address				4. Title				
	5. City, State & ZIP Code			6. Phone ()					
FACILITY	7. Name of Facility				8. Fe	8. Facility Contact:			
	9. Street Address:			10. Title					
FA	11. City, State & ZIP Code			12. 1	12. Phone ()				
PREPARER	13. Firm Name of Application Preparer				14. Name of Preparer				
	15. Mailing Address of Firm				16. Title				
_ l	17. City, State & ZIP Code				18. Phone ()				
19. Ty boxes)	ype of Application (⊠ <i>che</i>	 □ Authority to Construct - Ne □ Permit Amendment □ Permit to Operate □ Change/Transfer of Owners 			Modified I □ Emissio □ Ship □ Title V		luction Credit		
20. Is	s the location within 1000	feet from the bo	undary of a K-12 scl	hool?		□ Yes		nor Source Status	
20. Is the location within 1000 feet from the boundary of a K-12 school? ☐ Yes ☐ No 21. Brief Description of Project/Request (Attach detailed permit application information)									
	•	•			·	ŕ			
Check	k All That Apply:								
□ New Construction □ Gasoline Dispensing,					ocation □ Abatement Equipment Only				
□ Replacement No. No					nanent Shut □ Change of Ownership Only				
22. Fo	or Permit Applications Inv	olving Emissions	Increases/Reduction	ns: (<i>Ente</i>	er En	nissions Chang	e in Pounds/Hour)	
Pounds/Hour		Poun	Pounds/Hour Po		ounds/Hour		Pounds/Hour	Pounds/Hour	
PM10		VOC		SO_X			NO_X	СО	
23. Schedule of Operation		Hours/day:	_	Days/we	eek:		Wee	eks/year:	
24. SIC (Standard Industrial			25. Land Use Clas	sification	ı		26. Number of		
Classi	ification Code)		□ Zoning:			□ Use Permit	Employees		
27. Fo	or Authority to Construct	Applications, Co	omplete the Followin	ng:					
	ruction	,	Construction Completion Date				Equipment/Pro cess		
28. Send bill(s) to the person designated in section: Send Permits to the person designated in section: number 2 □ number 8 □ number 14 □ (⊠ Check One) number 2 □ number 8 □ number 14 □ (⊠ Check One)									
<u>GC</u> I	na i cimia to me person (guatea ili see	number 2	nu		— Hullit	CITI - (E CHE	in one)	
"I am and th the ap operat	atement of Company's Refamiliar with the Rules and ne data submitted with oplication is true with regard tion will comply with said and Regulations."	Regulations of th	e Placer County Air I				•		
	Signature of Company's Responsible Person X						Title		
							1nc		
Name (Printed or Typed) Date									